

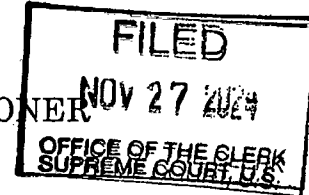
24-6723

No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

Carol Lynne Morgan — PETITIONER
(Your Name)



VS.

Leby H. Sassya — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): Trumbull County Domestic Trial Court: 11th Judicial Court of Appeals: The Ohio Supreme Court Case No. 2022-0666 & 2024-0739

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____, or

☐ a copy of the order of appointment is appended.

Carol Lynne Morgan
(Signature) pro-se

EXHIBIT 3.

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Carol Lynne Morgan, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>Disability</u>	\$ <u>Door Dash</u>	\$ <u>967.52</u>	\$ <u>724.58</u> per month
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>967.52</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>Food Stamps</u>	\$ <u>314.00</u>	\$ <u>314.00</u>	\$ _____	\$ _____

we share the 314.00 total per month.

Total monthly income: \$ 967.52 \$ _____ \$ _____ \$ 724.58

+ 314.00 Food stamps
1281.72

Total \$1692.10
+ Food stamps 314.00
Total \$2006.10

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Disability			\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Door Dash			\$ 724.58
			\$
			\$

4. How much cash do you and your spouse have? \$
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking: Please See Statement.	\$	\$
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☒ Home
Value

68,430.00

Taxable Value \$ 23,950.00

☐ Other real estate

Value

☐ Motor Vehicle #1

Year, make & model 2010 Honda

Value 6,204.00 CRV

☐ Motor Vehicle #2

Year, make & model 2004 Honda

Value 2,158.00 CRV

☐ Other assets

Description - 0 -

Value

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Ex-Spouse	\$ _____	\$ _____
Leby H. Sassy	\$ _____	\$ _____
owes me an amount to be determined by the Court.	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 92.35	\$ -0-
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	We share all Expenses.	
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 380.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 200.00	\$ _____
Food	\$ 220.00	\$ _____
Clothing	\$ 100.00	\$ _____
Laundry and dry-cleaning	\$ -0-	\$ _____
Medical and dental expenses	\$ _____	\$ 84.00

Immad Antar has no Insurance, he pays out of pocket

Morgan has Care Source Insurance

Total = \$ 1,076.35

We share all Expenses.

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 20.00	\$ -0-
Recreation, entertainment, newspapers, magazines, etc.	\$ 15.00	\$ -0-
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ -0-	\$ -0-
Life	\$ -0-	\$ -0-
Health	\$	\$ -0-
Motor Vehicle	\$ 56.00	\$ -0-
Other: _____	\$ -0-	\$ -0-
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Clothing + toiletries</u>	\$ 100.00	\$ -0-
<u>Soaps towels kitchen supplies</u>		
Installment payments		
Motor Vehicle <u>repairs + Gas costs</u>	\$ 300.00	\$ 470.00
Credit card(s) <u>owe \$1,482.73 monthly payments</u>	\$ 200.00	\$ -0-
Department store(s)	\$ -0-	\$ -0-
Other: <u>Netflix</u>	\$ 16.65	\$ -0-
Alimony, maintenance, and support paid to others	\$ -0-	\$ -0-
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ -0-	\$ -0-
Other (specify): <u>Telephone per month</u>	\$ 60.00	\$ -0-
Total monthly expenses:	\$ 767.65	\$ 470.00

Both Vehicles Broke down and needed repairs such as new tires for the 2010 Honda, Wheel bearings and struts etc. for 2004 Honda Still needs more repairs for both.

Total = \$1,237.65

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☐ No If yes, describe on an attached sheet.

Not sure, depends on the outcome of the Court's decisions, maybe they will rule in my favor and return what is owed to me.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Because of my Separation Agreement Contract that was vacated by a felony forgery committed by officers of the Courts, my agreed upon monthly amount of \$1,800.00 was unlawfully taken leaving me with nothing but Disability.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: JANUARY 31, 2025



THOMAS G. D'AMICO
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires June 28, 2026

C. Lynne Morgan
(Signature)

Thomas G. D'Amico